## To Whom It May Concern,

Through this amendment, USAID India is posting to the National Integrated Health Program (NIHP) RFA the recently completed Final Evaluation of one of CARE's USAID funded health and nutrition programs in India. USAID is posting the full evaluation, however we remind bidders that the NIHP is not a food aid program nor is it focusing on HIV/AIDS at this time. In addition, the NIHP will focus on the states of Uttar Pradesh and Jharkhand, with some national activities in the policy arena.

This CARE final evaluation discusses lessons learned from the USAID \$160 M funded program implemented by CARE, called the "Reproductive and Child Health, Nutrition and HIV/AIDS Program" (RACHNA). This umbrella program consists of two projects.

First is the Integrated Nutrition and Health Project (INHP II) which targets pregnant and lactating women and children less than two years to improve child survival and nutritional status. Interventions include supplementation with food (using Title II food aid and local food), access to micronutrients (vitamin A, iron and folic acid), immunizations, antenatal care, and improved practices for safe delivery, newborn care, breastfeeding and complementary feeding. The project strived to strengthen the Government of India's (GOI), Ministry of Women and Child Development's (MOWCD) Integrated Child Development Services (ICDS) Scheme, and the Ministry of Health and Family Welfare's (MOHFW) Reproductive and Child Health Program (RCH), and foster convergence between The geographic scope is 94,593 catchment areas called anganwadi centers (AWC) in 747 blocks in 78 districts in nine states, namely Andhra Pradesh, Bihar, Chhattisgarh (CG), Jharkhand (JH), Madhya Pradesh, Orissa, Rajasthan (RA), Uttar Pradesh (UP), and West Bengal. CARE's assistance to 747 ICDS blocks is mostly rural, but includes 32 urban blocks. Title II food aid reaches 6.6 million pregnant and lactating women and children up to six years, consistent with ICDS guidelines, but numbers of women and children reached for other services vary by the intervention.

The second project is *Chayan*, a reproductive health and HIV/AIDS prevention project. The rural component of *Chayan* also works with ICDS and RCH to promote family planning for birth spacing and prevention and management of Reproductive Tract and Sexually Transmitted Infections (RTI/STI) in 36,300 communities in 300 blocks in 29 districts together with INHP II in CG, JH, RA, and UP states. All these rural activities rely on GOI personnel and district teams of CARE staff to facilitate implementation. Urban *Chayan* supports the National AIDS Control Program (NACP) of the National AIDS Control Organization (NACO) and works in the same four states as rural *Chayan* but in 21 cities, plus Delhi slums. It provides HIV/AIDS prevention information and RTI/STI referrals for youth (in and out of school) and high-risk behavior groups (truckers, migrants and female sex workers (FSW)). Empowering communities by working with

Community-based Organizations (CBO) and Panchyati Raj Institutions (PRI), and influencing national policy are key features of RACHNA. While INHP II runs five years from October 2001- September 2006, *Chayan* started nearly a year later and runs from July 2002-October 2006.

The final evaluation of the RACHNA program was made possible through support provided by the United States Agency for International Development, under the terms of Award No. FFP-A-00-02-00011-00 and 386-A-00-03-00129. The opinion expressed herein are those of the members of the final evaluation team and do not necessarily reflect the views of the U.S. Agency for International Development.